

Before you begin, there are a couple of important things you need to know.

- Your answers are **completely confidential**. The information from this study **will not** be presented or published in any way that would permit identification of you or your organization. Your answers will be combined with other groups' answers for statistical analysis. If you have any questions or concerns about this study, please contact Tony Roman at 1-800-492-5845.
- It is very important that you answer each question as honestly and accurately as you can.
- Mark one answer for each question by placing an **X** in the answer box (like this ☒) , or by writing your answer to the question in the space provided.
- Arrows (➔) will direct you to answer follow-up questions or to skip over certain questions.
- If there is any question that you would prefer not to answer, please skip that question and go on to the next question.
- Your participation is, of course, voluntary.
- Your participation is greatly appreciated as this is the only way we can learn about the problems organizations confront in offering health insurance to employees.
- Please return the completed questionnaire in the enclosed postage-paid envelope to:

**Center for Survey Research
University of Massachusetts Boston
100 Morrissey Blvd
Boston, MA 02125-3393**

Section A: Background Information

The following questions refer to employees working for this organization at this site or location. The site or location could be a single store, office, or factory, or it could be an office complex or group of buildings that make up this particular location for this organization. The number of employees should include both full- and part-time employees but should exclude contract employees. We do not want you to include employees that may work for this organization at other locations in Massachusetts or elsewhere.

A1a. As of today, including management, approximately how many full- and part-time employees are employed by this organization at this site? **(Exclude contract employees.)**

Total Number of Employees: _____

A1b. Approximately how many, or what percent, of these employees work part-time?
(Please answer with a number or percent, whichever is easier for you.)

Number: _____ -OR- Percent _____%

A2. Approximately how many, or what percent, of the employees at this site are members of a union?

Number: _____ -OR- Percent _____%

☐ None → **If None, Go to A3**

☐ Don't know → **If Don't Know, Go to A3**

A2a. Considering only the union employees, approximately how many or what percent are members of a multi-employer Taft-Hartley union that administers its own health plan?

Number: _____ -OR- Percent _____%

☐ Don't know

A3. Considering the earnings of all full-time employees at this site (including management but excluding contract and part-time employees), to the best of your knowledge, how many, or what percent, earn...

| | Number | OR | Percent | Don't Know |
|---|--------|----|---------|--------------------------|
| a. Minimum wage? (about \$10,000 a year) | _____ | | _____% | <input type="checkbox"/> |
| b. Above minimum wage, but less than \$10 an hour? (between \$10,000 and \$20,000 a year) | _____ | | _____% | <input type="checkbox"/> |
| c. At least \$10 an hour, but less than \$15 an hour? (between \$20,000 and \$30,000 a year) | _____ | | _____% | <input type="checkbox"/> |
| d. At least \$15 an hour, but less than \$20 an hour? (between \$30,000 and \$40,000 a year) | _____ | | _____% | <input type="checkbox"/> |
| e. At least \$20 an hour, but less than \$25 an hour? (between \$40,000 and \$50,000 a year) | _____ | | _____% | <input type="checkbox"/> |
| f. At least \$25 an hour, but less than \$30 an hour? (between \$50,000 and \$60,000 a year) | _____ | | _____% | <input type="checkbox"/> |
| g. At least \$30 an hour? (\$60,000 a year or more) | _____ | | _____% | <input type="checkbox"/> |

A4. Which of the following benefits does this organization offer to full-time employees?

| | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| a. Dental insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Life insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Disability insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A retirement or pension plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Long-term care insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Pretax flexible spending accounts for uncovered health expenses (Section 125 FSA's) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A5. Does this organization exist only at this site, or are there other sites within the United States?

- ☐ This is the only site
- ☐ There are other sites within the United States
- ☐ Don't know

A6. Is this a "family-owned" business or organization?

- ☐ Yes
- ☐ No → **If No, Go to A7**
- ☐ Don't know → **If Don't Know, Go to A7**

A6a. Approximately how many, or what percent, of the employees of this business or organization are family members?

Number: _____ -OR- Percent _____%

☐ Don't know

A7. For approximately how many years has this organization been operating?

- ☐ Less than 1 year
- ☐ At least 1 year, but less than 5 years
- ☐ At least 5 years, but less than 10 years
- ☐ 10 years or more
- ☐ Don't know

A8. Which of the following best describes your role within this organization at this site?
(Please check only one box.)

- ☐ Owner
- ☐ Office Manager
- ☐ Human Resources Staff
- ☐ Financial Staff
- ☐ Administrative Assistant
- ☐ Some other role → Please describe: _____

A9. Which of the following best describes your role in making decisions about health insurance at this site? **(Please check only one box.)**

- ☐ I make the decisions alone
- ☐ I make the decisions with input from others
- ☐ I am part of a group that makes the decisions
- ☐ Someone else makes the decisions with significant input from me
- ☐ Someone else makes the decisions with little or no input from me
- ☐ Don't know

A10. Are decisions about health insurance (such as whether it is offered, which plans are offered or how much it will cost employees) made at this site?

- ☐ Yes
- ☐ No
- ☐ Don't know

A11. Does this organization offer health insurance to employees? (Please exclude union-administered multi-employer Taft-Hartley health plans and their members from your consideration.)

☐ Yes → **If Yes, Go to B1a on Page 5**

☐ No → **If No, Continue with A12**

A12. If no, does your organization assist employees with health expenses in any of the following ways? **(Please check one box in each row.)**

| | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| a. We contribute to employees' premiums when they get health insurance from another source, such as a spouse or in the non-group market. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. We contribute to paying for employees' incurred medical bills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. We assist employees in applying for MassHealth (Medicaid). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. We assist employees in some other way. Please describe: _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If your organization does not offer health insurance to employees at this site (You answered NO to question A11), Go to D1 on Page 14.

If your organization offers health insurance to employees at this site (You answered YES to question A11), Go to B1a on Page 5.

Section B: General Questions for Organizations That Offer Health Insurance

The questions in this section concern the rules followed by this organization in offering health insurance. Please exclude any rules and policies pertaining to multi-employer union-administered Taft-Hartley plans.

B1a. Is health insurance only offered to full-time employees?

- ☐ Yes → **If Yes, Go to B1c**
☐ No

B1b. What is the minimum portion of each week a part-time employee must work to be eligible for health insurance coverage? **(Please check only one box.)**

- ☐ There is no minimum
☐ Less than half-time
☐ Half-time
☐ Greater than half-time but less than full-time
☐ We only offer health insurance to full-time employees
☐ Don't know

B1c. Does this organization purchase health insurance through a larger group such as a parent company or a purchasing consortium?

- ☐ Yes
☐ No
☐ Don't know

B2. In this organization, which of the following groups are offered health insurance? **(Please check one box in each row.)**

| | Yes | No | Don't Know/ Hasn't come up |
|---|--------------------------|--------------------------|-------------------------------|
| a. Opposite-sex spouses of employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Same-sex spouses of employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Opposite-sex domestic partners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Same-sex domestic partners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Dependent children of employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B3. Currently, including management but excluding contract employees, approximately how many, or what percent, of employees at this site are eligible for health insurance from this organization? **(Please exclude employees eligible for union administered multi-employer Taft-Hartley plans.)**

Number: _____ -OR- Percent _____%

☐ Don't know

B4. Of those employees eligible for health insurance, approximately how many, or what percent, are enrolled?

Number: _____ -OR- Percent _____%

☐ Don't know

B5. Approximately how many, or what percent, of the employees enrolled in a health insurance plan through this organization are enrolled in... **(If you offer two-person coverage such as for an employee and spouse or employee and child, consider them with family.)**

| | Number | OR | Percent | Don't Know | |
|----------------------------------|--------|----|---------|--------------------------|--|
| a. Individual coverage? | _____ | | _____% | <input type="checkbox"/> | |
| b. Coverage for a family? | _____ | | _____% | <input type="checkbox"/> | <input type="checkbox"/> We do not offer this type of coverage |

B6. Does this organization ask for proof of health insurance coverage from another source if an employee turns down coverage?

☐ Yes

☐ No

☐ Don't know/Hasn't come up

B7a. If an employee turns down health insurance coverage offered by this organization, does that employee receive any money/compensation for doing so?

☐ Yes

☐ No – No money/compensation

☐ We have a cafeteria plan – employees can apply points/credit to another benefit if they choose

☐ Don't know/Hasn't come up

B7b. To your knowledge, among current employees who have turned down coverage, what number, or percent, are uninsured (i.e. they are not covered by another source such as a spouse or Medicaid/MassHealth)?

Number: _____ -OR- Percent _____%

- ☐ No one turned down health insurance.
- ☐ Don't know

B8. From last year to this year, did the percentage of eligible employees who turned down health insurance increase, decrease, or remain about the same?
(Please check only one box.)

- ☐ Increased
- ☐ Decreased
- ☐ Remained about the same
- ☐ Don't know

B9a. Is there a waiting period before employees can be covered by health insurance?

- ☐ Yes
- ☐ No → If No, Go to B10a
- ☐ Don't know → If Don't know, Go to B10a

B9b. What is the length of this waiting period?

- ☐ Less than 1 month
- ☐ At least 1 month but less than 3 months
- ☐ At least 3 months but less than 6 months
- ☐ 6 months or longer
- ☐ Don't know

B10a. For retirees under age 65, who have worked the required number of years, does this organization offer... (Please exclude mandated COBRA continuation from consideration, and check only one box.)

- ☐ retiree health coverage to all such retirees under age 65?
- ☐ retiree health coverage to only those hired or retired before a specific year?
- ☐ a subsidy to purchase health coverage on their own?
- ☐ no retiree health coverage or subsidy?

B10b. For retirees age 65 or over, who have worked the required number of years, does this

organization offer... **(Please exclude mandated COBRA continuation from consideration and check only one box.)**

- ☐ Medicare supplemental or wraparound gap health coverage to all such retirees over age 65?
- ☐ Medicare supplemental or wraparound gap health coverage to only those hired or retired before a specific year?
- ☐ a subsidy to purchase Medicare supplemental or wraparound gap health coverage on their own?
- ☐ no Medicare supplemental or wraparound gap health coverage or subsidy? → **If no, Go to B11**

B10c. Do you believe that Medicare's new pharmacy coverage will cause this organization to change its retiree health benefits?

- ☐ Yes, I believe it will cause us to discontinue our retiree health benefit.
- ☐ Yes, I believe it will cause us to change our retiree health benefit in some way.
- ☐ No, I believe it will have no effect at all.
- ☐ Don't know

B11. Please complete the following table for each health plan this organization currently offers to employees at this site, **excluding** any union administered multi-employer Taft-Hartley plan. Begin with the health plan that covers the largest number of employees. (Remember, exclude Taft-Hartley employees.)

A health plan is fully-insured if it is purchased from an insurance company or other underwriter who assumes full risk for employees' medical expenses. A health plan is employer self-funded (ERISA) if an organization pays the cost of the claims itself regardless of any third party that administers the plan.

| | Plan Name | Is this plan fully-insured or employer self-funded (ERISA)? (See definitions above) | | | Of those enrolled in a health plan at this site, what number, or percent, are enrolled in this plan? | | | |
|-----------|-----------|--|--------------------------|--------------------------|--|----|---------|--------------------------|
| | | Fully-insured | Self-funded | Don't know | Number | OR | Percent | Don't know |
| a. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | _____ % | <input type="checkbox"/> |
| b. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | _____ % | <input type="checkbox"/> |
| c. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | _____ % | <input type="checkbox"/> |
| d. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | _____ % | <input type="checkbox"/> |
| e. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | _____ % | <input type="checkbox"/> |

B12. Some organizations introduced changes to their health insurance program this plan year or are planning to introduce changes next plan year. Regarding the following health insurance characteristics, did this organization change that characteristic this plan year or is it planning to change it next plan year, or neither?

(Please check one answer in each row.)

| | Did change in last year | Plan to change in next year | No change made or planned | Don't Know |
|--|----------------------------|-----------------------------------|---------------------------------|--------------------------|
| a. Change insurers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offer fewer health plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Eliminate health insurance as a benefit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Change the portion the employer contributes toward the premium | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Change the rules about which employees are eligible for health insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Offer employees a fixed dollar amount for them to purchase health insurance themselves or to pay health expenses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Impose a surcharge for spousal coverage when spouse is eligible for health insurance from their employer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Some other change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please describe: _____ | | | | |
| _____ | | | | |

B13. In your opinion, if it were available, would this organization consider offering a health insurance plan that has the following components: covers limited doctor visits with a limited group of providers, covers limited prescriptions each year, has high patient co-payments and costs approximately \$200 a month for individual coverage?

- ☐ Yes
☐ No
☐ I don't know

B13a. Would such a plan be more or less attractive if the patient co-payments for medical use were lower for low-wage employees and higher for high-wage employees?

- ☐ More attractive
☐ Less attractive
☐ The same, it wouldn't matter.
☐ Don't know

B13b. In your opinion, would this organization offer this basic health insurance plan in addition to or instead of the current plan(s) offered?

- ☐ In addition to
☐ Instead of
☐ Neither, we wouldn't offer this plan
☐ Don't know

Section C: Health Plan Characteristics

Please answer the questions in this section about the health plan this organization offers that has the highest enrollment. Please exclude any union-administered multi-employer Taft-Hartley plan, even if that plan has the most members.

C1. What is the name of the most popular, or only, plan at this site?

Plan name: _____

C2. Is this plan fully-insured or employer self-funded (ERISA)?
(If needed, see definitions on page 8.)

☐ Fully-insured → **If Fully-insured, Go to C4**

☐ Employer self-funded (ERISA)

☐ Don't know → **If Don't know, Go to C4**

C3. Which of the following are reasons this organization decided to self-fund?
(Please check one box in each row.)

| | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| a. We expected to save money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To make health benefits at this location consistent with benefits offered at other locations of this organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To not have to offer state mandated benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To offer a richer benefit package than routinely available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. To have more control over health care costs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other? Please describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- C4.** Many organizations introduced changes to their health insurance plans this plan year or are planning to introduce changes next plan year. For each of the following changes, did this organization introduce that change this plan year or are you planning to introduce it next plan year or neither?

(Please answer these questions in reference to the plan that has the highest enrollment.
Check one answer in each row.)

| | Made change in last year | Plan to change in next year | No change made or planned | Don't Know |
|---|--------------------------|-----------------------------|---------------------------|--------------------------|
| a. Change deductibles or co-payment amounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eliminate specific benefits such as pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offer a plan with a limited/reduced hospital or physician network | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Offer a plan with an incentive for employees to use less expensive hospitals such as community hospitals instead of teaching hospitals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Institute a disease management program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Offer a plan with a "pay for performance" bonus to high quality providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Institute a high deductible consumer driven health plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Some other change Please describe: _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- C5.** What is the current co-payment dollar amount or co-insurance percent for in-network providers for each of the following?

| | Co-payment | Co-insurance | Don't Know | Not Covered |
|--|------------|--------------|--------------------------|--------------------------|
| a. A primary care physician office visit | \$ _____ | _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An emergency room visit | \$ _____ | _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| c. An inpatient hospitalization | \$ _____ | _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An outpatient mental health visit | \$ _____ | _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A generic prescription drug (or Tier 1) | \$ _____ | _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A preferred brand prescription drug (or Tier 2) | \$ _____ | _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| g. A non-preferred brand prescription drug (or Tier 3) | \$ _____ | _____% | <input type="checkbox"/> | <input type="checkbox"/> |

- C6.** Is there a deductible that must be satisfied before insurance begins to cover expenses for ...

| | Yes | No | Don't Know |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| a. in-patient hospitalization? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|
| b. other services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------|--------------------------|--------------------------|--------------------------|

C7. Apart from an employee paying more for family coverage than individual coverage, do employee contributions to this plan's premium vary ... **(Please check as many as apply)**

| | |
|--------------------------|---|
| <input type="checkbox"/> | By seniority, with employees working for the company longer, contributing less? |
| <input type="checkbox"/> | By an employee's part-time or full-time status, requiring part-time employees to contribute more? |
| <input type="checkbox"/> | With employees choosing family coverage being charged a surcharge if their spouse has access to other coverage? |
| <input type="checkbox"/> | Depending on an employee's pay, with employees who earn higher pay contributing... <input type="checkbox"/> More? <input type="checkbox"/> Less? |
| <input type="checkbox"/> | By whether an employee is union or non-union, with union employees contributing... <input type="checkbox"/> More? <input type="checkbox"/> Less? |
| <input type="checkbox"/> | Some other way?: _____ |
| <input type="checkbox"/> | Employees do not contribute toward the health insurance premium; the employer pays 100%. |
| <input type="checkbox"/> | No, employee contribution does not vary. |

C8. Please answer the following questions about current monthly costs for this plan. If amounts can vary, enter the amounts that would be correct for the largest number of employees.

| | Per Month | Do not offer this coverage | Don't Know |
|---|-----------|----------------------------|--------------------------|
| a. What is the current <u>full-time employee contribution per month</u> for an employee's individual coverage with this plan? | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. What is the current <u>total premium</u> amount paid <u>per month</u> for a full-time employee's individual coverage with this plan? | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. What is the current <u>full-time employee contribution per month</u> for coverage for a family with this plan? | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| d. What is the current <u>total premium</u> amount paid <u>per month</u> for a full-time employee's coverage for a family with this plan? | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |

C8a. Is this an IRS Section 125 plan that allows employees to contribute their portion of the premium on a pretax basis?

- ☐ Yes
☐ No
☐ Don't know

C9a. At the time of your most recent renewal, what percent premium increase did you experience for this plan?

| | |
|------------------------------------|---|
| a. For individual coverage: | _____ % |
| b. For family coverage: | _____ % <input type="checkbox"/> Do not offer this type of coverage |

- ☐ We changed insurers this plan year

C9b. At the time of your most recent renewal, if you experienced a premium increase for this plan, did your broker or insurer present detailed data to you showing the basis for the premium increase?

- ☐ Yes
- ☐ No
- ☐ Don't know

C10. Does this organization offer a health insurance plan for two people such as for an employee and a spouse or an employee and a child?

- ☐ Yes
- ☐ No
- ☐ Don't know/Hasn't come up

C11. For your employees that are not eligible for health insurance, do you assist them in any way in applying for MassHealth (Medicaid)?

- ☐ Yes
- ☐ No
- ☐ Don't know/Hasn't come up

C11a. Does your organization receive from your broker or insurer, at least annual data on the health care utilization of this organization's employees?

- ☐ Yes
- ☐ No
- ☐ Don't know

C12. At some time in the future, we may want to ask you to participate in a group discussion about employer-sponsored health insurance or simply contact you again with a few additional questions. This would, of course, be completely voluntary. Would it be all right if we contacted you in the future?

- ☐ Yes
- ☐ No

You are now finished with this survey.

We appreciate the time you have taken to participate. Please place this questionnaire in the enclosed postage paid return envelope and mail it to:

Center for Survey Research
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-3393

Please feel free to access our website at www.state.ma.us/dhcfp to see the results of this survey in a few months. Thank you again for your time and cooperation.

Section D: General Questions for Organizations that Do Not Offer Health Insurance

Please complete this section only if this organization does not offer health insurance (i.e., you answered “No” to question A11 on page 4)

D1. Has this organization ever offered health insurance?

- ☐ Yes
☐ No → **If No, Go to D2**
☐ Don't know → **If Don't know, Go to D2**

D1a. Approximately how long ago did you stop offering health insurance?

- ☐ Less than 1 year ago
☐ _____ years ago
☐ Don't know

D2. Following is a list of reasons why organizations might not offer employees health insurance. For each reason listed, please answer how important this reason was in this organization's decision not to offer health insurance to its employees. **(Please check one box in each row.)**

| | Very important | Somewhat important | Not at all important | Don't Know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Premiums are too high | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Employee turnover is too great | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Employees generally are covered under plans obtained elsewhere, such as through a spouse, a union, or Medicaid/MassHealth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. It is an administrative hassle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Most employees are part-time, temporary or contracted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The organization can attract good employees without offering health insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The organization is too newly established | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The financial status of the organization prohibits offering health insurance at this time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Past negative claim experiences or past catastrophic cost | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Our employees express a preference for higher pay instead of health insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D3. To the best of your knowledge,
(Please check one box in each row.)

| | Yes | No | No Uninsured Employees | Don't Know |
|---|--------------------------|--------------------------|------------------------------|--------------------------|
| a. have any of this organization's uninsured employees or their family members incurred expenses of \$5000 or more for health care in the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. have any of this organization's uninsured employees or their family members used the Uncompensated Care Pool to pay for health care in the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D4a. How many employees does this organization have, counting employees **at all locations** in Massachusetts?

☐ 50 or fewer

☐ More than 50 → **If More than 50, Go to D5 on Page 16**

D4b. Are you aware of the state-sponsored "Insurance Partnership" which helps to pay for health insurance for both employers and employees in small businesses with 50 or fewer employees?

☐ Yes

☐ No → **If No, Go to D5 on Page 16**

For information about the Insurance Partnership, call 1-800-399-8285.

D4c. Following is a list of reasons why an eligible organization might not make use of the Insurance Partnership. For each reason listed, please answer how important it was in this organization's decision not to use the Insurance Partnership. (Please check one box in each row.)

| | Very important | Somewhat important | Not at all important | Don't Know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The subsidies to employers are too low | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. It is administratively difficult | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There is a negative stigma associated with participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The income limit for employee participation is too low | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other? Please describe: _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- D5.** Recently, there has been much discussion about actions this state may take to make it easier for people to get health insurance. Following is a list of actions that might motivate an organization to start offering health insurance to its employees. For each action listed, please answer how likely it would be to motivate this organization to offer health insurance.

(Please check one box in each row.)

| | Very Likely | Somewhat likely | Not likely at all | Don't Know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Allow insurers to offer a plan with limited benefits, a limited provider network, and high patient co-payments which would have a premium of about \$200 per month per employee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Encourage insurers to eliminate the required minimum employee participation rule | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offer a government subsidy of premiums for low-income employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Establish and promote tax credits for employers offering health insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Require an organization to pay a fee of \$1500 per employee per year if the organization does not offer health insurance to employees. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Enact a legal mandate for all individuals in Massachusetts to have health insurance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- D6.** If this organization could limit health insurance in some ways to make it more affordable, how acceptable would each of the following limits be? (Please check one box in each row)

| | Definitely Acceptable | Possibly Acceptable | Not Acceptable at All | Don't Know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Limited benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A limited provider network | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. High co-payments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. High co-payments for high-wage earners and low co-payments for low-wage earners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A high deductible before coverage begins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A high deductible for high-wage employees and a low deductible for low-wage employees before coverage begins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- D7.** In your opinion, how likely is this organization to offer health insurance within the next two years?

- ☐ Very likely
☐ Somewhat likely
☐ Not likely at all
☐ Don't know

D8. At some time in the future, we may want to ask you to participate in a group discussion about employer-sponsored health insurance or simply contact you again with a few additional questions. This would, of course, be completely voluntary. Would it be all right if we contact you in the future?

☐ Yes

☐ No

You are now finished with this survey.

We appreciate the time you have taken to participate. Please place this questionnaire in the enclosed postage paid return envelope and mail it to:

Center for Survey Research
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-3393

Please feel free to access our website at www.state.ma.us/dhcfp to see the results of this survey in a few months.

Thank you again for your time and cooperation.
